

**California Department of Aging**

**Assessment of Disaster Impact on Seniors: Area Agency on Aging**

**November 19, 2003**

**Name of Agency** \_\_\_\_\_ **PSA#** \_\_\_\_\_

**Report Submitted By (Name)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Telephone (\_\_\_\_)** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Criteria for reimbursement using Older American Act (OAA) funding:**

- Expenditures reimbursable through this relief fund are for the delivery of supportive services (and related supplies) during a disaster declared by the President and carry the same allowability and accountability requirements as those stated in the Code of Federal Regulations (CFR), under OMB (A-87), OMB (A-122) and the Common Rule.
- These AoA Disaster Relief funds are available as a potential source of funding after all other funding sources have been exhausted - Federal, State and Local Assistance funds as well as Federal, State and Local Disaster Relief funds.

**Based on the above criteria, do you anticipate the AAA will require disaster assistance funding?** **Yes / No**

*If you have answered "No" to the above question, please sign and return this form to CDA.*

*If you have identified or anticipate reimbursable expenditures, answer the following:*

- Total amount of actual disaster related expenditures incurred to date: \_\_\_\_\_
- Ongoing and projected expenses until \_\_\_\_\_ (date) \_\_\_\_\_
- Total reimbursable projected expenditures \_\_\_\_\_

1.) Have you applied for local assistance from FEMA, Red Cross, etc.? **Yes / No**

2.) Have you contacted your providers concerning needs they may have due to the disaster? **Yes / No**

- 3.) This question is designed to display a breakdown of disaster assistance funding by county. What is the total estimated amount of disaster assistance funding required? Specify counties affected and indicate whether areas are urban, rural, or combination rural and urban area.

Amount Required	County	Urban	Rural

- 4.) How has the disaster impacted seniors and adults with disabilities living in the designated PSA?
- 5.) Estimate the number of older persons affected in your PSA.
- 6.) Check and/or list anticipated disaster assistance needs of seniors and adults with disabilities; for example, expanded information and Assistance/Referral (I&A/R) services, expanded meals services, etc.

- |  |  |
|--|--|
| <input type="checkbox"/> Expanded I&A/R Services                   | <input type="checkbox"/> Expanded Care Management      |
| <input type="checkbox"/> Expanded Legal Services                   | <input type="checkbox"/> Expanded Congregate Meals     |
| <input type="checkbox"/> Forms Completion Assistance               | <input type="checkbox"/> Expanded Home-Delivered Meals |
| <input type="checkbox"/> Relocation/Moving Assistance (Evacuation) | <input type="checkbox"/> Expanded Transportation       |
| <input type="checkbox"/> Assistance with Home Clean-up             | <input type="checkbox"/> Special Outreach Activities   |
| <input type="checkbox"/> Support at FEMA or one-stop Centers       | <input type="checkbox"/> Expanded In-Home Care         |

- 7.) Describe any special characteristics or circumstances that should be reported and monitored. For example, low income, minority areas, allegations of unfair treatment, how CDA might help, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date